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Full Name (Last, First, Middle Initial) Mr. John A. Fox Mailing Address 129 Leighton Road City Oxford FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary Other (specify)	State MS C Occupatio Retired Aggregate	Zip Code 38655-2009 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. John L. Fox Mailing Address 777 N.E. 2Nd Street Suite F. City Corvallis FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State OR C Occupatio Real Esta		Date of Receipt M M O 3
Full Name (Last, First, Middle Initial) Mr. John L. Fox Mailing Address 777 N.E. 2Nd Street Suite F. City Corvallis FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State OR C Occupatio Real Esta		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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